

# Form CPF M 102: Campaign Finance Report TOWN CLERK'S OFFICE ARLINGTON, MA 02174

Office of Campaign and Political Finance 2019 JUN - 3 PM 3: 54

Fill in R	eporting Period dates: Beginning Date: 0	5-16-2019	Ending	File with: City or Town Clo Date: 06-03-2019	erk or Election Commission
Type of	Report: (Check one)			KEGEW	Sales Const
1	y preceding preliminary	n 🔲 30 da	y after election	year-end report	dissolution
	Candidate Full Name (if applicable)		able Arlington Co	nmittee Committee Name	
	Office Sought and District			me of Committee Treasurer	
E-mail:	Residential Address		Co	75 Arlington, MA 0247 Dommittee Mailing Address 6 Arlington El	
Phone # (opt	ional):	Phone #	(optional):	CTTTITITION EC	Compagnica
	SUMMARY BALAN	NCE INFO	RMATION:		
	Line 1: Ending Balance from previous report			0.	00
	Line 2: Total receipts this period (page 3, line	11)		\$703.0	00
	Line 3: Subtotal (line 1 plus line 2)			\$703.0	20
	Line 4: Total expenditures this period (page 5,	line 14)		\$342.4	47
	Line 5: Ending Balance (line 3 minus line 4)			\$360.5	53
	Line 6: Total in-kind contributions this period ( Line 7: Total (all) outstanding liabilities (page 7)			\$14.9	95
	Line 8: Name of bank(s) used: Citizens Bank				
certify that I letivity, including inance activity	Committee Treasurer: have examined this report including attached schedules and it is, to the biling all contributions, loans, receipts, expenditures, disbursements, in-king of all persons acting under the authority or on behalf of this committee the penalties of perjury:	in accordance w	edge and belief, a true and liabilities for this r ith the requirements o	eporting period and represent M.G.L. c. 55.	Il campaign finance ats the campaign
Candidate I certify the activity, or	e with Committee nat I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in my liabilities nor made any expenditures on my behalf during this reportion.	box only)	owledge and belief, a	true and complete statement	
Candidate  I certify the	e without Committee  and I have examined this report including attached schedules and it is, to to tivity, including contributions, loans, receipts, expenditures, disbursement finance activity of all persons acting under the authority or on behalf of to	the best of my kn	owledge and belief, a	true and complete statement	of all campaign I represents the
	the penalties of perjury:		(Candidate's s	Data	

#### SCHEDULE A: RECEIPTS

occupation and employer must be reported for all persons who contribute \$2000 or more in a calendar year. year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee

Enter on page 1, line 2	\$700.00 \$bluods 10 shid .	ine 11: TOTAL RECEIPTS IN THE PERIOD  [f you have itemized receipts of \$50 and under, include them in line 9. L		
	00.5\$	ovods bisted above) sts \$50 and under* (not listed above)	Line 10: Total Receip	
	00.007\$	ts over \$50 (or listed above)	Line 9: Total Receip	
M 3: STEEL				
101. W TE				
197 197 197				
	\$100.00	Lucia Caetano 4 Stoney Brook Rd. Arlington, MA 02476	610Z-1E-S0	
Self-Employed	\$200.00	Phillip P Lohnes S2 Bartlett Ave. Arlington, MA 02476	6102-90-90	
	00.001\$	Joseph Monju 8 Brattle St. Arrlington, MA 02476	6702-90-90	
Occupation & Employer (for contributions of \$200 or more)	innomA	Please include your committee name and a pa Name and Residential Address (alphabetical listing required)	Date Received	

## SCHEDULE A: RECEIPTS (continued)

Occupation & Employer (for contributions of \$200 or more)	JunomA	Name and Residential Address (alphabetical listing required)	Date Received
AU SEC			
S S S S S S S S S S S S S S S S S S S			
Lu **			
		over \$50 (or listed above)	ne 9: Total Receipts o
		\$50 and under* (not listed above)	
Enter on page 1, line 2	<b>→</b>	EIPTS IN THE PERIOD	

#### SCHEDNIE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep from committee records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures." attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

,		mittee name and a page number o	To Whom Paid (alphabetical listing)	Date Paid
tauom <b>A</b> 72.128\$	Purpose of Expenditure	5200 SW 30th Street Davenport, Iowa 52802	VictoryStore.com	6702-06-50
<del>&gt;</del> 6°S⊺\$	Digital Advertising	1 Hacker Way Menlo Park, California 94025	Facebook	6102-2019
96'+\$	Digital Advertising	1 Hacker Way Menlo Park, California 94025	Facebook	6-03-2019
0 (X.	200			
SCLER CLER				
15.0 15.0 15.0				
CO PI-				
<u> </u>	T \$50 (or listed above)	Line 12: Total Expenditures ove		
		Line 13: Total Expenditures \$50		
74.245\$	RES IN THE PERIOD	Line 14: TOTAL EXPENDITU	Enter on page 1, line 4 →	

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	A
		11441 653	rurpose of Expenditure	Amoun
				***
				- 200
				0 m
			1940-0	
			3	30
				OFF
				-171
	Li	ne 12: Expenditures over \$:	50 (or listed above)	
		ne 13: Expenditures \$50 and		
	Enter on page 1, line 4 → Li			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address Description of Contribution		n Value
			70 - 2	
				<u>o</u>
			T 3	ESS
			E 3	-
			55	OFF PICE
	L	ine 15: In-Kind Contributions	over \$50 (or listed above)	
		ine 16: In-Kind Contributions		\$14.9
		ine 17: TOTAL IN-KIND CO		\$14.9

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			20	20 20 24
			m §	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
				Z 50
			Km 9:55	A OFF
			5	- PY
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	